



City of Gallatin Performance Bond Application

For Office Use Only: Date Received: _____	
PC File #: _____	Recorder's #: _____

Submittal Information

Project Name: _____ Phase: _____ Section: _____

Bond Type: ☐ Subdivision ☐ Site ☐ Maintenance ☐ Utilities

Bond Form: ☐ Performance Bond ☐ Letter of Credit ☐ Cashier's Check ☐ Cash

Bond Amount: \$ _____ Expiration Date: _____ ☐ Auto Renew/Perpetual

Name of Bonding Company: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Email: _____

Purpose of Bond: _____

Name of Owner/Developer or Representative: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Email: _____

Action Request

I (we) request that the following action be taken on this agreement:

- _____ Submit new bond
- _____ Request final inspection and release of bond
- _____ Request reduction of bond amount
- _____ Request extension of bond for 1 year **(please provide proof of difficulty below)**

Explanation for proof of difficulty: _____

SIGNED:

Developer or Representative

Date